

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571012

FILING DATE

APPLICANT(S)

**CLAIMS**

NO.	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1		1			
6		1				
7		1				
8		1				
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		1		1		
18		(1)				
19		1				
20		(1)		1		
21		(1)				
22		1				
23		1				
24		1				
25		1				
26		1		1		
27		(1)				
28		1				
29		1		(1)		
30		(1)				
31		1				
32		1				
33		1				
34		1				
35		1		(1)		
36		(1)				
37		1				
38		1		(1)		
39		(1)				
40		1				
41		1				
42		1				
43		1				
44		1		(1)		
45		(1)				
46		1				
47		1		1		
48		(1)	c	c		
49		1		(1)		
50		(1)	c	c		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

NO.	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		1		1		
54		(1)	c	c		
55	1			(1)		
56		(1)	c	c		
57		1		1		
58		(1)	c	c		
59		(1)		(1)		
60		(1)				
61		(1)				
62	1		1			
63	1		1			
64	1					
65	1					
66		(1)				
67		(1)				
68		(1)				
69		(1)				
70		(1)				
71		(1)				
72		(1)				
73		(1)				
74		1		(1)		
75		(1)	c	c		
76				1		
77			1	1		
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓	4	↓		↓
TOTAL DEP.	70	←	19	←		←
TOTAL CLAIMS	77		23			